

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5	1						55						
6		1					56						
7		1					57						
8		1					58						
9	1						59						
10		3					60						
11		3					61						
12		3					62						
13		3					63						
14		3					64						
15		3					65						
16		3					66						
17	1						67						
18	1						68						
19		1					69						
20		1					70						
21		2					71						
22		2					72						
23		2					73						
24		2					74						
25		①					75						
26		①					76						
27		①					77						
28		3					78						
29		3					79						
30		①					80						
31		①					81						
32		①					82						
33		3					83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	52						TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS	57						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS